



# Bureau of HIV and STD Prevention

HIV/STD Clinical Resources Division  
HIV/STD Epidemiology Division  
HIV/STD Health Resources Division

Est. June 27, 1997

Rev. July 25, 2001

HIV/STD Policy No. 700.003

## HIV/STD MEDICATION PROGRAM PHARMACY ELIGIBILITY CRITERIA

### PURPOSE

To provide eligibility criteria for pharmacies requesting to participate in the Texas HIV Medication Program (Program).

### AUTHORITY

25 TAC §98.111 Participating Pharmacy; HIV/STD Policy No. 700.004; 25 TAC §98.109 Confidentiality

The Bureau of HIV and STD Prevention, under its authority, requires that participating pharmacies be Medicaid providers.

### BACKGROUND

The Texas HIV Medication Program established in 1987 operates under the direction of the Bureau of HIV and STD Prevention, HIV/STD Medication Program. The Program provides antiretrovirals and other medications to treat and prevent opportunistic infections that can occur in patients infected with HIV. To carry out its function of providing medications to patients who would otherwise have no means to pay for drug therapy, it is necessary for the Program to identify and enter into agreements with local pharmacies.

### ELIGIBILITY CRITERIA

Each pharmacy must have a current license with the State Board of Pharmacy to distribute outpatient drugs. All but Class C and D pharmacies are required to be Medicaid participating pharmacies.

### HOW TO REQUEST TO BECOME A PARTICIPATING PHARMACY

Pharmacies requesting to participate on the Program may either call the Program at 1-800-255-1090 or fax form 700.003-A to (512) 490-2503. Office hours are Monday through Friday from 8:00 a.m. to 5:00 p.m. Central Standard Time. Messages may be left on voice mail before and after working hours. The fax line is open 24 hours a day, seven days a week.

Applicants are expected to provide the requested information on form 700.003-A in its entirety.

## APPROVAL PROCESS

Only pharmacies meeting the eligibility criteria will be reviewed. The Program will review each request on a case-by-case basis. The review process takes approximately two months.

When the Program receives form 700.003-A, the information given by the pharmacy will be verified with the State Board of Pharmacy. Upon a favorable report from the State Board of Pharmacy, the Program will make a determination as to whether the addition of the pharmacy to the Program will benefit the Program and/or client(s). Approval to participate in the Program is authorized by the HIV/STD Medication Program Administrator.

When approved, the Program will send a "Memorandum Of Agreement" (MOA) to the pharmacy for signature. Once the signed MOA is returned to the Program, the Program will obtain the appropriate authorized signatures. The MOA is not executed until the signature of the Chief, Bureau of Financial Services is obtained. Participation in the Program will become effective on the date of the last signature on the MOA. When all authorized signatures are obtained on the MOA, the Program will send an approval letter with a copy of the signed MOA to the pharmacy.

Pharmacies may not request any medications until participation in the Program becomes effective. Participating pharmacies must follow HIV/STD Policy No. 700.004 when ordering medication from the Program.

### Unfavorable Reports from the State Board of Pharmacy

Pharmacies that apply and receive an unfavorable report from the State Board of Pharmacy will be denied participation in the Program without further review.

### Justification of Denial

The HIV/STD Medication Program Administrator will provide written justification to the Bureau Chief of the Bureau of HIV and STD Prevention of the decision to deny a pharmacy's request to participate in the Program. The Bureau Chief will review the justification and make the final decision to approve or deny the request. Following the Bureau Chief's review, the Program will provide written notification to the pharmacy when denied participation in the Program.

Appeals or questions regarding a denial will be forwarded to the Bureau Chief for review. The decision of the Bureau Chief is final.

## PROGRAM REQUIREMENTS

- All participating pharmacies must sign a MOA with the Texas Department of Health (TDH).

- Only clients authorized by the Program are eligible to receive medications distributed through the Program.
- Medications must be ordered directly from the Program.
- Client confidentiality must be protected in accordance with all applicable state and federal laws (25 TAC §98.109 Confidentiality).
- Participating pharmacies are to maintain all client records and supporting documents, including statistical records, in accordance with state law and for a period of three years after termination of participating status from the Program.
- Access to any pertinent books, documents, papers, and records of a participating pharmacy must be afforded to the TDH, Department of Health and Human Services (DHHS), Comptroller General of the United States, or any of their duly authorized representatives for the purpose of making an audit, examination, excerpts, and transcriptions of transactions.
- The Program, including participating pharmacies, will not discriminate against (applicant or eligible) clients on the grounds of race, creed, color, handicap, age, ability to pay, sex, or national origin (45 CFR Parts 80, 81, 84, and 90).

## TERMINATION

Participation in the Program may be terminated if funds allocated should become reduced, depleted, or unavailable during any agreement period, and TDH is unable to obtain additional funds for such purposes. The Program will immediately provide written notification to the pharmacy of such fact, and such agreement will be terminated upon receipt of that notification.

Participation in the Program may be terminated in the event that federal or state law or other requirement should be amended or judicially interpreted so as to render continued fulfillment of this agreement, on the part of either party, unreasonable or impossible.

## PENALTY

Pharmacies that fail to comply with the criteria outlined in this policy or the MOA will be terminated from the Program.

## DATE OF LAST REVIEW:

November 13, 2002                      Converted format from WordPerfect to Word.

## REVISIONS

Page 2, line 12	Changed "Director" to "Administrator"
Page 2, line 33	Changed "Director" to "Administrator"

REQUEST TO BECOME A PARTICIPATING PHARMACY ON THE  
HIV/STD MEDICATION PROGRAM

The following information must be completed to apply for consideration as a participating pharmacy with the Texas HIV/STD Medication Program:

Pharmacy Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Pharmacy License Number: \_\_\_\_\_

Pharmacy Classification: \_\_\_\_\_

Pharmacist-in-Charge (PIC): \_\_\_\_\_

PIC License Number: \_\_\_\_\_

Medicaid Vendor ID Number: \_\_\_\_\_

Tax ID Number: \_\_\_\_\_

NABP Number: \_\_\_\_\_

Additional Comments/Special Services Offered: \_\_\_\_\_

Signature of Pharmacist-in-Charge \_\_\_\_\_ Date \_\_\_\_\_

**Please submit this form to:**

**Texas Department of Health  
HIV/STD Medication Program  
ATTN: MSJA  
1100 West 49th Street  
Austin, TX 78756-9987**

HIV/STD Form No. 700.003-A